advice was sought was the hemorrhage from the rectum. The differential diagnosis from a follicular enteritis, the only form of gastroenteritis in which blood is present in the stools, is made by the presence of shock, a normal or subnormal temperature, absence of stools, a palpable tumor and a mass on rectal examination in intussusception. Rectal examination should be made in every case, with a history of blood in the stools. Another very important examination, that of the napkin, to ascertain whether there is a stool present with the hemorrhage or whether there is hemorrhage without a stool. The latter is indicative of intussusception.

The Influence of Epidemic Poliomyelitis upon the Susceptibility to and the Symptomatology of Other Contagious Diseases.—REGAN (*Arch. Ped.*, May, 1920) says that the occurrence of mixed infection constitutes a possible source of danger in the hospital treatment of all contagious diseases. This was considered particularly important as large numbers of children were admitted to the hospitals during the epidemic of 1916, at the ages of the greatest susceptibility to contagious diseases. Many gave no history of a previous illness. This was during a period of the year when contagious diseases were prevalent. Rashes of scarlatiniform type, with heavily coated tongue, congested throat and occasional minute spots on the buccal mucosa, which occur as part of the symptomatology of poliomyelitis, caused some confusion at first and many were isolated as possible cases of measles or of scarlet fever. The subsequent course of the cases showed that these phenomena were to be attributed to poliomyelitis. As the epidemic progressed the small incidence of mixed infection was noted. Regan observed in the Kingston Avenue Hospital only 15 cases developing a mixed infection, or 0.83 per cent., and if 9 cases of pertussis were excluded, only 0.33 per cent. These 15 cases were 9 of pertussis, 3 of diptheria, 1 of measles, 1 of scarlet fever and 1 of varicella. No other children in the wards developed infections from contact with these in spite of the fact that the wards were filled with children, the majority of whom were unprotected by previous attacks. Not only was mixed infections of poliomyelitis with other contagious diseases slight, but the number of patients admitted with double infections of this and other contagious malady was also small. There were only 17 cases, or 0.94 per cent. Thus out of 1798 patients only 32 had on admission or developed subsequently another disease. The incidence percentage was 1.72. There were 22 with pertussis, and if these were deducted the incidence percentage would be only 0.59 per cent. These facts indicate that children with poliomyelitis are not as susceptible to develop other contagious diseases as are normal children, with the possible exception of pertussis Regan offers the following working theory: Upon infection with the virus of poliomyelitis, certain changes occur in the tissues of the infected individuals, due possibly to the products of growth of the organism of poliomyelitis, which render them unsuitable for the development of the causative agents of other acute infectious diseases. In other words a condition of antagonism exists. It may be that the causative factor of poliomyelitis is so thoroughly distributed and so numerous in the nose, throat and upper respiratory tract that the infectious agents of the other acute infectious diseases find it difficult to find an atrium in which they can develop sufficiently to invade the body. The only germ that seems to have a symbiotic relation with that of poliomyelitis is the bacillus of whooping-cough. The influence of poliomyelitis on the symptomatology of scarlet fever, diphtheria, varicella, measles and parotitis seems to be negligible, with the one exception that the symptoms of the associated disease seem more mild than is usual. The mortality rate of the mixed infections was very low, being only 3 per cent. as compared to 23.79 per cent. in the uncomplicated cases.

Biological Study of the Hemolytic Streptococcus from the Throats of Patients Suffering with Scarlet Fever.—Bliss (*Bull. Johns Hopkins Hosp.*, May, 1920) reports that in a study of 25 strains of Streptococcus hemolyticus, isolated from the throats of patients with scarlet fever, 20 strains, or 80 per cent., were agglutinated by four different antistreptococcic sera made with streptococci obtained from scarlet fever cases. None of these strains were agglutinated by five antistreptococcic sera of non-scarlatinal origin. Only three of seventeen strains of non-scarlatinal origin were agglutinated by these three sera of scarlatinal origin, and they may have been either atypical scarlatinas or scarlatinal contacts. There were certain differences in structural characteristics, particularly in the fermentation of carbohydrates. From this study it would appear that a great majority of strains of Streptococcus hemolyticus isolated from the throats of scarlet fever patients belong to a specific biologic type as determined by the reaction of agglutination. It is possible that the heterogenous strains found may be accidental dwellers in the throat and that a more careful selection of the colonies may reveal a still higher proportion of unit type organism.

The Effect of Intravenous Injections of Calcium in Tetany, and the Influence of Cod-liver Oil and Phosphorus in the Retention of Calcium in the Blood.—Brown, McLachlan and Simpson (*Am. Jour. Dis. Children*, June, 1920) report observations on 14 cases of frank tetany, all of which showed varying degrees of rickets. They studied the blood calcium of 18 infants under one year of age. Then they observed the effect of intravenous injections of calcium acetate on blood calcium and on the symptoms of the cases of tetany and also the effect of cod-liver oil and phosphorus in the blood calcium and the clinical result. Constitutional reactions were produced following intravenous injections of calcium lactate in 1.25 gm. doses. The degree of reaction varied from the slight drowsiness to almost complete collapse, accompanied by dyspnea. The signs of reaction disappeared usually between one and seven hours; the more severe the reaction the more longer it took the patient to recover. Intravenous injections of calcium lactate in 1.25 gm. doses produces a temporary absence of both electric and mechanic signs of tetany, usually lasting from seven to ten hours. Calcium lactate injected intravenously apparently exerts no beneficial therapeutic effect, unless supplemented by the administration of cod-liver oil and phosphorus, and by this method the reduction of the tetanoid symptoms is a little more rapid than by the use of cod-liver oil and phosphorus alone. Cod-liver oil and phosphorus produces an increase in the blood calcium with a corresponding reduction in the mechanic and electric signs within a period of from ten to seventeen days.